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| Case Number: | CM15-0035638 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 12/11/2009 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 02/25/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male who sustained a work related injury on December 11, 2009. There was no mechanism of injury documented. The injured worker was diagnosed with cervicgia, lumbago, lumbar radiculitis and derangement of the meniscus. According to the primary treating physician's progress report on January 20, 2014 the patient was evaluated for increasing muscle spasm and tenderness at the C2-C6 neck area and bilateral trapezius. Range of motion of the cervical spine was noted at flexion 30 degrees, extension 15 degrees and rotation at 40 degrees. Lumbar spine evaluation notes tenderness of the bilateral paraspinal muscles and S1 joint with range of motion at 60 degrees flexion, 5 degrees extension and rotation 30 degrees bilaterally. The injured worker's gait was steady with a wide stance using a one point cane. Current medications are listed as Flexeril, Norco, Lidoderm and Ibuprofen. The treatment plan was to discontinue Lidoderm and start Terocin. There was no stretching exercise or conservative relief measures discussed. The injured worker is Permanent and Stationary (P&S). The treating physician requested authorization for Terocin external patch, 1 patch per day, 12 hours on, 12 hours off #60; Ibuprofen 800mg, 1 pill by mouth, 3x a day for 30 days #90 with 1 refill; Norco 10/325mg tablet, 1 tablet by mouth, 4 times a day #135. On February 10, 2015 the Utilization Review denied certification for Terocin external patch, 1 patch per day, 12 hours on, 12 hours off #60; Ibuprofen 800mg, 1 pill by mouth, 3x a day for 30 days #90 with 1 refill; Norco 10/325mg tablet, 1 tablet by mouth, 4 times a day #135. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Terocin external patch, 1 patch per day, 12 hours on, 12 hours off #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocainetopical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)'.

Decision rationale: The patient presents with increasing muscle spasm and tenderness at the C2-C6 neck area and bilateral trapezius. Patient's pain was reported as 6-8/10. The request is for TEROGIN EXTERNAL PATCH, 1 PATCH PER DAY, 12 HOURS OFF #60. The RFA provided is dated 01/29/15. Patient's diagnosis included cervicgia, lumbago, lumbar radiculitis and derangement of the meniscus. Patient is permanent and stationary. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that Terocin patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater does not document the area of treatment nor how the patches will be used, with what efficacy. In this case, a prescription for Terocin patch was first noted in progress report dated 06/03/14 and the patient has received the patch consistently since then. Review of the medical records does not clearly indicate that the patient's pain is of a neuropathic etiology. The patient does not present with localized peripheral neuropathic pain which is a criteria required for Terocin patch use. The request IS NOT medically necessary.

Ibuprofen 800mg, 1 pill by mouth, 3x a day for 30 days #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient presents with increasing muscle spasm and tenderness at the C2-C6 neck area and bilateral trapezius. Patient's pain was reported as 6-8/10. The request is for IBUPROFEN 800MG, 1 PILL BY MOUTH, 3X A DAY FOR 30 DAYS #90 WITH 1 REFILL. The RFA provided is dated 01/29/15. Patient's diagnosis included cervicgia, lumbago, lumbar radiculitis and derangement of the meniscus. Patient is permanent and stationary. MTUS Chronic

Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Progress reports provided indicate that this patient has been taking Ibuprofen since at least 06/03/14. None of the reports note functional improvement and medication efficacy. In this case, given the lack of functional improvement while utilizing this medication, the request IS NOT medically necessary.

Norco 10/325mg tablet, 1 tablet by mouth, 4xa day #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with increasing muscle spasm and tenderness at the C2-C6 neck area and bilateral trapezius. Patient's pain was reported as 6-8/10. The request is for NORCO 10/325 MGTABLET, 1 TABLET BY MOUTH 4X DAY #135. The RFA provided is dated 01/29/15. Patient's diagnosis included cervicalgia, lumbago, lumbar radiculitis and derangement of the meniscus. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The patient has been treated with Norco at least since 06/03/14. Per progress report dated 01/20/15, patient medications have provided functional improvement in the area of mobility-patient can walk over 3 blocks and perform light housekeeping duties. UDS administered on 01/23/15 was consistent with prescribed medications. Side effects have not been a problem. In this case, there are no pain scales to confirm analgesia, no specific discussions regarding aberrant drug behavior, no opioid pain agreement, or CURES reports were provided for review. MTUS requires appropriate discussion of the 4A's. The request IS NOT medically necessary.